

# Mississippi Autism Board

P.O. Box 136

Jackson, MS 39205

Telephone (601) 359-6792 Fax (601) 576-2570 [www.MSAutism.sos.ms.gov](http://www.MSAutism.sos.ms.gov)

## RENEWAL INFORMATION

License renewal for Fiscal Year 20\_\_ is due and payable by June 30, 20\_\_. If you wish to renew your license, please complete the enclosed renewal form with and remit the renewal fee of **\$250.00** for Behavior Analysts and **\$100.00** for Assistant Behavior Analysts. All eligibility and licensure requirements can be found in the Mississippi Autism Board (MAB) Rules and Regulations, available on MAB's website.

**Renewal Requirements:** All Behavior Analysts and Assistant Behavior Analysts licensed by MAB are required to apply for renewal every three (3) years or upon renewal of certification by the Behavior Analyst Certification Board®, Inc. (BACB®).

**Continuing Education:** All license renewal applicants must provide documentation acknowledging satisfactory completion of continuing education requirements. Licensees must complete twelve (12) hours of continuing education, including one (1) hour in the area of ethics or legal issues, per year during the licensing period. All continuing education must be provided by an agency or institution meeting the requirements set forth in the MAB Rules and Regulations.

**Lapsed License:** Behavior Analysts and Assistant Behavior Analysts allowing his/her license to lapse may renew the license with a period of two (2) years after the lapse, upon payment of all fees in arrears and verification by MAB that applicant is currently certified by BACB®. Applicants wishing to renew a license that has been lapsed for more than two (2) years are required to reapply for licensure.

**Processing Information:** The licensing renewal process requires up to 15 business days for completion. To assure timely processing and avoid delays of renewal, please complete and submit all information to MAB by June 1, 20\_\_. If Renewal Form and Affidavit and fee payments are not received in the MAB office on or before June 30, 20\_\_, the following additional fees will apply: a \$50.00 late fee plus \$5.00 for each month after July that the license renewal remains delinquent.

### **Renewal Process:**

- Complete the License Renewal Form and Affidavit Form. Please be sure to make corrections to contact information as necessary.
- Sign and date the Affidavit.
- Submit renewal fee of **\$250.00** for Behavior Analyst and **\$100.00** for Assistant Behavior Analyst. \*

(Make check or money order payable to *Mississippi Autism Board* and include your license number on the payment.)

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## License Renewal Form

### LICENSEE INFORMATION:

License No. \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### AFFIDAVIT:

**Have you entered a plea bargain or have you been arrested, charged, indicted or convicted of a felony or misdemeanor in the past five years? \_\_\_\_Yes \_\_\_\_No**

**If Yes, provide an explanation or documentation.**

I agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi pertaining to Behavior Analysts and/or Assistant Behavior Analysts. I also acknowledge that I have read or have had an opportunity to read the provisions of the Mississippi Code of 1972 pertinent to Behavior Analysts and/or Assistant Behavior Analysts and the Rules and Regulations Adopted by MAB by accessing the MAB website listed above.

I acknowledge that all information contained in this renewal application has been either directly submitted by me or caused to be submitted by me. I acknowledge that all information submitted is true and correct to the best of my knowledge. Any information erroneously submitted either directly by me or submitted by my direction is solely my responsibility.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application, and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name